

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**DIVISION OF STATE POLICE**

1111 Country Club Road Middletown, CT 06457-9294

Application for Private Detective or Security Service License**Check Type of License Desired:****Individual (including DBA)**

- ☐ Private Detective
☐ Private Detective Fire Investigator
☐ Security Service

Corporate (including LLC & Inc.)

- ☐ Private Detective, Inc.
☐ Private Detective Fire Investigator, Inc.
☐ Security Service, Inc.

Applicant is: ☐ Licensee ☐ Corporate Official ☐ Proprietary Licensee**Personal information:**

Name of Applicant

Social Security #:

Date of Birth

Place of Birth

Height

Weight

Sex

Hair Color

Eye Color

Scars/Marks/Tattoos

Race

Firearms Permit No./State

Driver's License No./State

Home phone

Business phone

Address

Prior home addresses for past five years: (use additional paper if needed)

From

To

Street/City/Town/State/Zip

Employment history — Begin with present or most current and work backwards, Include dates of employment, duties/responsibilities, reason for leaving employment. *(Use additional paper if needed or attach resume)***Statement of Citizenship: (attach proof of citizenship)**

Are you a citizen of the United States?

☐ Yes ☐ No

If naturalized, detail when and where:

Have you ever used any other name(s)? If so, list name(s) used: *(Use additional paper if needed)***Are you currently vested with police powers?** ☐ Yes ☐ No

Education: (Indicate highest degree received (Attach copy of high school diploma/GED certificate or college transcript))		
Degree/Diploma <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters/Doctorate Degree <input type="checkbox"/> Other _____	Year Degree Awarded:	Name of College/University
List any schools or courses, which you believe qualifies you for the type of license applied for: <i>(The Commissioner of Emergency Service and Public Protection may, at his discretion, substitute up to one year of experience upon proof of satisfactory participation in a course of instruction pertinent to the license applied for. Include copies of training certificates. (Attach additional sheets of paper as required).)</i>		
Private Investigator Applicants: Does the applicant meet the minimum five years of <u>full time</u> investigative experience or ten years of experience as a police officer with a state or organized municipal police department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No " Explain: <i>(Submit qualifying documentation)</i> <i>(Please reference CGS 29-154a)</i>		
Security Applicants: Does the applicant meet the minimum five years supervisory experience under a licensed security agency or ten years as a police officer with a state or organized municipal police department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No " Explain: <i>(Submit qualifying documentation)</i> <i>(Please reference CGS 29-161h)</i>		
Criminal and Motor Vehicle Record: Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		
Date/Place	Jurisdiction/Court	Charge
Have you ever been arrested on a motor vehicle charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		
Date/Place	Jurisdiction/Court	Charge

Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" DD-214 or NGB-22 must be attached)</i>		
Military branch or component	Highest Rank Attained	Type of Discharge
Business Information:		
Proposed Trade Name*	Address of Home Office	
Type Organization <input type="checkbox"/> Individual <input type="checkbox"/> Corporate	Date & Place of Incorporation <i>(attach Certificate of Incorporation or Trade Certificate)</i>	
Connecticut Addresses		Telephone Numbers
_____		_____
_____		_____
_____		_____
_____		_____
Branch Manager's Name:& D.O.B.		_____
_____		_____

* Subject to approval by the Commissioner of Emergency Services and Public Protection.

Names, addresses, dates of birth, and proposed titles of all corporate officials: (use additional paper if necessary)			
Are you currently licensed as a private investigator/security service in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Explain:			
State	Lic. Number	Type of License	Date License Expires

You must submit the following items with this application. (Use check boxes to indicate items are attached.
Incomplete packages will be returned)

- | | |
|---|---|
| <input type="checkbox"/> Two photographs (2" x 2" passport style) | <input type="checkbox"/> DD-214 or NGB-22, military discharge documentation which includes type of discharge and reenlistment codes |
| <input type="checkbox"/> Verification from State Agency | <input type="checkbox"/> High school diploma/ GED cert., college transcript or other proof of training |
| <input type="checkbox"/> Documentation of employment | <input type="checkbox"/> Full credit bureau report; summary not accepted |
| <input type="checkbox"/> Copy of Motor Vehicle Driver's License | <input type="checkbox"/> Trade name, LLC or Incorporation papers. |
- ☐ Two fingerprint cards - 1 green (state card) with \$50.00 payable to Treasurer, State of Connecticut, and 1 blue (FBI card) with \$14.75 payable to the Treasurer, State of Connecticut. Submit prints with bank or postal money order only. **NO CASH.**
- ☐ Motor vehicle abstract for LICENSEE only, for the past three years. Obtain the abstract from the motor vehicle licensing agency in the state of the licensee's residence for the past three years.
- ☐ Also required are four letters of personal reference, LICENSEE ONLY. These letters of reference must be original letters and must be sent directly from the author to the Special Licensing & Firearms Unit. FORM LETTERS ARE NOT ACCEPTABLE AND WILL BE RETURNED.

Corporate Applicants: Submit this application(DPS-366-C) along with:

- ☐ Two fingerprint cards - 1 green (state card) with \$50.00 payable to Treasurer, State of Connecticut and 1 blue (FBI card) with \$14.75 payable to the Treasurer, State of Connecticut. Submit prints with bank or postal money order only. **NO CASH.**
- ☐ Two photographs (approximately 2" x 2" passport style)

Proprietary Applicants:

- ☐ Submit only the DPS-366-C – **NO FEES OR ADDITIONAL DOCUMENTATION REQUIRED.**

Applications must be complete.

Authorization for Release of Personal Information

All of the information on this application must be verifiable or it will not be considered for licensing. False, misleading or omitted information may be the basis for denial of a license. "Any person who violates any provision shall be fined not more than \$5,000.00 or imprisoned for not more than one year or both."

STATE OF _____ (Signature of Applicant)

SS

Date of Oath

COUNTY OF: _____

PERSONALLY APPEARED: _____

ADDRESS: _____

Signer of the foregoing application and made oath of truth of matters contained before me.

My Commission Expires: _____

Notary Public, Justice of Peace or Commissioner of Superior Court